

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 695793**1. Entity Name  
**SHSA, INC.****FILED**  
**Mar 22, 2001 8:00 am**  
**Secretary of State**

03-22-2001 90033 016 \*\*\*150.00

Principal Place of Business <b>3836 HEADSAIL DRIVE NEW PORT RICHEY FL 34652-4418 US</b>	Mailing Address <b>3836 HEADSAIL DRIVE NEW PORT RICHEY FL 34652-4418 US</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number **59-2113979**Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****SALAFIA, F. EILEEN  
3836 HEADSAIL DRIVE  
NEW PORT RICHEY FL 34652**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State**10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees****11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>VTD</b>	<input type="checkbox"/> Delete
NAME	<b>SALAFIA, EILEEN F.</b>	
STREET ADDRESS	<b>3836 HEADSAIL DRIVE</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34652</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>SALAFIA, JAMES P.</b>	
STREET ADDRESS	<b>3836 HEADSAIL DRIVE</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34652</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:****F. EILEEN SALAFIA**

Date

Daytime Phone #

**318-01 727-844-7320**

CR2E034 (10/00)